# Be Trauma **I.N.F.O.R.M.E.D:** Building trust & empowerment

# Funding

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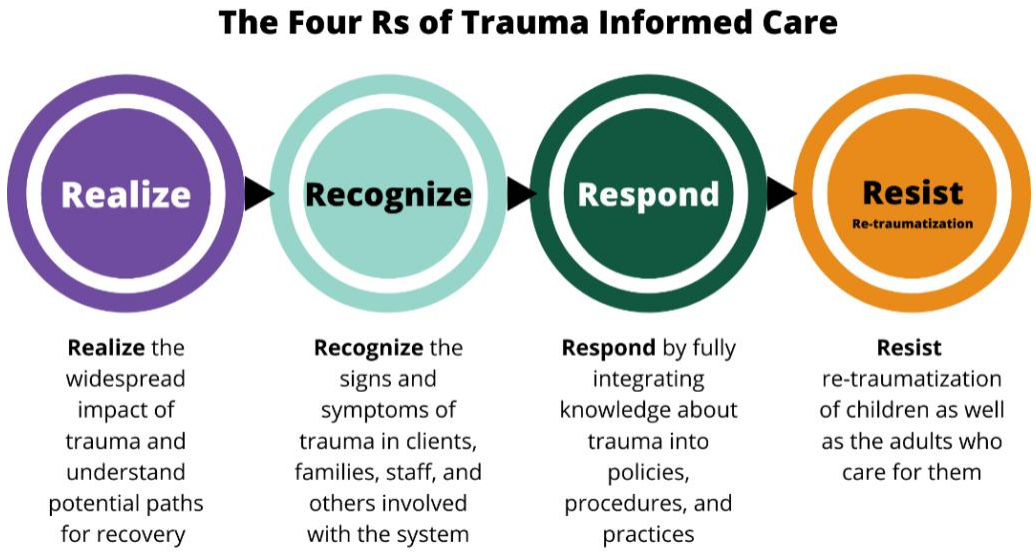
# Goal

To be used to train internal medicine residents in trauma-informed care practices for the inpatient setting, serving as a resource for navigating interactions with all patients, but especially with patients with difficult past experiences.

We hope the toolkit will help build trust and empowerment for both patients and providers throughout the hospital stay.

# Basis

- Applied guiding principles from SAMHSA and CDC
- Incorporated emerging themes from:
  - In-depth patient interviews
  - Resident focus group
  - Interdisciplinary focus group of social workers, nurses, and spiritual care
- Expert Consensus via Delphi Method




# Be Trauma…

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|---|---|
| **I** | **Insight** into patient perceptions & experiences |
| **N** | **Navigate** emotions that may arise |
| **F** | **Focus** on specific ways to support care |
| **O** | **Outreach** to team members |
| **R** | **Resources** to empower patient |
| **M** | **Monitor** any actions taken |
| **E** | **Engage** long-term support |
| **D** | **Debrief** with care team and self |



*…to build trust and empowerment*

# I - Insight

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| Gain **insight** into the patient's perceptions and experiences. | • **Work to establish trust and safety**: Sit down. Demonstrate active listening. Use non-threatening body language. Make sure the physical space feels safe and comfortable.<br>• Recognize the signs of **re-traumatization**[1] or emotional distress related to their hospital stay.<br>• **Acknowledge** that trauma or difficult experiences surrounding health care is common and impacts one's health with a statement like:<br>  o "Hospital stays can be hard for many people, especially if they have had difficult experiences in the past."<br>• Ask open-ended questions in a **safe** and **sensitive** manner, such as:<br>  o "Is there anything we should know to help make your time here more comfortable and make you feel safe?"<br>  o "Have you had any experiences receiving health care that would be important for me to know?<br>• If a patient discloses a trauma or difficult experiences, **respond** empathetically, for instance:<br>  o "Thank you for trusting me with this."<br>  o "I can see how hurtful that must have been for you."<br>  o "I believe your experience." |

**1) sudden anxiousness, restlessness, fear, avoidance, social isolation, despair, fatigue, physical reactions (such as putting uptheir hands), and an inability to control emotions**

# N - Navigate

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| **Navigate** emotions that may arise in response to difficult experiences or trauma. | • Hold space for your patient's emotions. Be present. Be nonjudgemental in your response.<br>• Stay attune to your own reactions and monitor for your own secondary trauma or distress. If necessary, bring in support.<br>• Normalize that difficult experiences can impact one's health and stress response. (i.e. "We would expect anyone in your shoes to respond this way to what you have been through.")<br>• **Empathize** with patients using supportive statements, such as:<br>  ○ **N**aming: “That sounds like a really difficult time in your life”<br>  ○ **U**nderstand: “I can't imagine how overwhelming this must be for you."<br>  ○ **R**espect: “You’ve taken a really tough experience in your life and have used it to empower yourself and others.” “You have done a great job advocating for your needs.”<br>  ○ **S**upport: “I will work with your team to help support you the best we can through this.” “I wish I could take the pain away.”<br>  ○ **E**xplore: “If you feel comfortable, can you describe how this experience impacts your time here?” "Help me understand how your experiences impact how you view your hospital stay.” |

# F - Focus

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| **Focus** and collaborate on specific ways to support the patient's care. | • **Inquire** about patient's needs; do not assume, by asking questions like:<br>  ○ "How can we best support you?"<br>  ○ "What worked in the past? What did not work?"<br>  ○ "What changes can we make?"<br>• Build **consensus** on the next steps, for instance:<br>  ○ "This is what I have so far for steps we can take, does this make sense?"<br>  ○ "How can we adjust our next steps to meet your needs?"<br>• Build **trust through transparency** about limitations<br>  ○ "We will do our best to help you, but we may be limited in these ways…" |

# O - Outreach



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| **Outreach** with other team members to support patient. | • If necessary, ask the patient if you can share their experiences and plan of care with the rest of the care team, by asking questions like:<br>  ○ "Based on what you have shared, a social worker on our team's job is to help connect you with resources, do I have your permission to loop them in?<br>  ○ “Can I discuss this with the rest of your care team to make sure we can do everything we can for you?”<br>  ○ “Is there anything you want me to leave out?”<br>• Consider patient **safety** and privacy. Be thoughtful whether it is necessary to document any disclosures. Offer to record-block or to make notes private in the electronic health record. Reach out to your program director for guidance.<br>  ○ "I need to write down our plan to take care of you in your health records. If there's something you don't want me to write or if there's someone you don't want to see this, just tell me. I'll do my best to help, but sometimes I may need to share certain things with our team to make sure we take the best care of you.”<br>  ○ Do you have any concerns with someone trying to access your medical records without your permission? |

# R - Resources

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| Connect patient to **resources** with support from an interdisciplinary team. | • **Empower** patient to **strengthen existing support systems**, by asking questions like:<br>  ○ “Can you tell me about people in your life who help support you?”<br>  ○ "What has helped you move forward in the past?"<br>• If available, connect to **peer support.** For example:<br>  ○ “Would you like me to help you find support from others who have been through what you have been through?”<br>• If available, connect to hospital, community, and national resources, for instance:<br>  ○ "We have spiritual support available; would this be of interest to you?"<br>  ○ "Your neighborhood has a program that may be helpful, would you like to learn more?"<br>  ○ "There is a national hotline number that you can call when you are ready, would you like me to write it down?" |

# M – Monitor

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| **Monitor** any actions taken. | • Define actionable steps to check-in with patient and care team about plan of care, for instance:<br>  ○ "How often should we touch base to make sure our plan is working for you?"<br>  ○ "With my schedule, I can touch base with you in the morning. Does that work?"<br>• Incorporate the plan of care into your assessment and plan and make it a central part of your daily thought process.<br>• Be **transparent** about any limitations to your ability to respond.<br>  ○ "I may not see you regularly throughout the day, but I am working closely with the team to make sure we are doing our best to care for you."<br>• Get patient feedback on your plan and make feasible adjustments.<br>  ○ "Is it what you expected?"<br>  ○ "How can we adjust our next steps to meet your needs?" |

# E – Engage Long-Term Support

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| **Engage support** to continue empowering the patient in the long term. | • Empower patient to involve and engage their **support system** as they transition out of the hospital.<br>  ○ "Would it be helpful to have your [support person], who you've identified as your main support, participate in our discharge conversations to learn about all that we have accomplished together?"<br>• **Collaborate** with an interdisciplinary team and the patient to find a **supportive healthcare provider who aligns with the patient's follow-up care goals.**<br>  ○ If possible, facilitate a smooth transition between the inpatient team and the follow-up provider. |

# D - Debrief

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| **Debrief** with team members and self. | • Set aside time with the interdisciplinary care team to discuss successes and areas for improvement regarding the patient's care plan.<br>• Acknowledge the impact of secondary trauma [2] and utilize available institutional resources to support the care team.<br>• Using insights gained from patient stories and experiences, feel **empowered** to connect with institutional leaders or mentors to advocate for more trauma-informed institutional policies and processes.<br>• Most importantly, take time to reflect and prioritize your own mental health. Lean on your support system and engage in your preferred coping strategies to manage your own work-related stress or distress. |

**2) chronic fatigue, disturbing thoughts, poor concentration, emotional detachment, avoidance, absenteeism, and physical illness**

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# Marketing Materials